



110349

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

NOV 19 1990

REPLY TO ATTENTION OF:  
SHSM-TUB-7

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

F. E. MYERS, CO.  
75 EAST MARKET STREET  
AKRON, OH 44308  
THOMAS M. PARKER

RE: Great Lakes Asphalt, Zionsville, Indiana, Site No. FL

Dear Sir or Madam:

The United States Environmental Protection Agency (U.S. EPA) in cooperation with the Indiana Department of Environmental Management has been conducting response actions to address contamination at the Great Lakes Asphalt Site in Indiana. U.S. EPA took these actions under authority of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. Section 9601 et seq., as subsequently amended by the Superfund Amendments and Reauthorization Act of 1986, Pub. L. 99-499 (CERCLA, as amended). Prior to undertaking these response actions, U.S. EPA determined that there was a release or threatened release of hazardous substances from the Great Lakes Asphalt Site. The U.S. EPA undertook the response actions using monies authorized by CERCLA, as amended.

During the response, U.S. EPA undertook several actions at the Site. They included, in phase 1, excavating and staging soil, decontaminating Eagle Creek, flushing drainage tiles, solidifying tank contents, securing staged soil, sampling tanks and beginning site restoration; in phase 2, completion of tank solidification and site restoration, and removing and disposing of all hazardous waste on site.

Response costs associated with this site have been incurred by U.S. EPA. The approximate U.S. EPA response costs identified up to September 13, 1990 for the above referenced Site are \$1,363,145. A summary of these expenditures is enclosed.

Information available to U.S. EPA indicates that you are potentially responsible for the release or threat of release of hazardous substances from the Site. Pursuant to the provisions of Section 107(a) of CERCLA, as amended, and based on evidence

currently available to the U.S. EPA, the U.S. EPA believes that you may be liable for the payment of all costs incurred by U.S. EPA in connection with the Site. The potentially responsible parties are jointly and severally liable for the whole amount of costs incurred or to be incurred by the U.S. EPA, not inconsistent with the National Contingency Plan, 40 CFR Part 300 et seq., in connection with the Great Lakes Asphalt Site.

We hereby request that you make restitution by payment of the amount in this letter plus interest, together with any sums hereafter expended by the U.S. EPA in connection with the Site pursuant to authority of CERCLA, as amended. Pursuant to Section 107(a) of CERCLA, as amended, interest shall begin accruing as of the date of this demand, if payment is not received within thirty (30) days of the date of this letter.

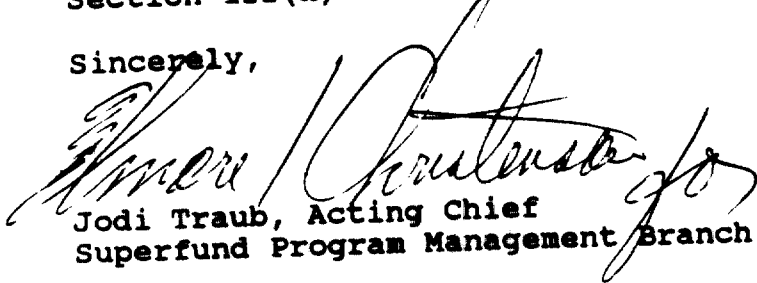
Such payment must be made to the U.S. EPA Hazardous Substances Superfund established pursuant to Section 221 of CERCLA, as amended, which is administered by U.S. EPA. Please send your check to U.S. EPA - Region V, Attn: Superfund Accounting, P.O. Box 70753, Chicago, Illinois 60673. Place the site identification number on the check: FL. Please send a copy of your payment check to Oliver Warnsley, U.S. EPA, Region V, Waste Management Division (5HSM-TUB-7), 230 South Dearborn Street, Chicago, Illinois 60604 and to SWER Branch Secretary, ORC, U.S. EPA, Region V (5CS-TUB-3), 230 South Dearborn St., Chicago, IL 60604. A copy of your response must be sent to Mr. Michael Gorman, Resource Applications, Inc., Six North Michigan Ave, Suite 1505, Chicago, IL 60602.

If you desire to discuss your liability with U.S. EPA, please contact Mr. Peter Felitti, Assistant Regional Counsel, in writing not later than thirty (30) days after the date of this letter. Mr. Peter Felitti may also be reached by phone at (312) 886-7157.

The names of other potentially responsible parties (PRPs) receiving this request for payment are enclosed with this letter to facilitate organization among the identified parties concerning payment. PRPs should attempt to work out an allocation among themselves to apportion costs; however, whatever allocation system the PRPs develop amongst themselves, U.S. EPA considers all PRPs to this site jointly and severally liable for

the amounts demanded in this letter until all costs are reimbursed or an appropriate settlement is achieved pursuant to Section 122(h) of CERCLA.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jodi Traub", is written over the typed name and title.

Jodi Traub, Acting Chief  
Superfund Program Management Branch

Enclosure

cc: Indiana Department of Environmental Management

**CUMULATIVE COST SUMMARY  
GREAT LAKES ASPHALT, IN  
SUPERFUND SITE # FL  
PREPARED 9/13/90**

<u>EPA EXPENDITURES</u>	<u>Cumulative Costs Through August 31, 1990</u>
EPA PAYROLL --	
-- Headquarters	\$ 0.00
-- Regional	15,935.28
INDIRECT COST --	
--	27,242.00
EPA TRAVEL --	
-- Headquarters	0.00
-- Regional	1,445.61
ERCS CONTRACT --	
--PEI Associates, Inc. (68-01-7460)	1,316,284.31
OTHER EXPENDITURES --	
--(9005DT0054)	6.50
--Other Supplies & Materials (2Q0555)	1.59
TAT CONTRACT --	
--Roy F. Weston (68-01-7367)	980.74
TES CONTRACT --	
--Planning Research corporation (68-W9-0006)	<u>1,249.66</u>
 TOTAL EPA COSTS BEFORE INTEREST	 \$ 1,363,145.69
Pre-Judgement Interest	0.00
 TOTAL EPA COSTS FOR GREAT LAKES	 \$ 1,363,145.69
TOTAL COSTS RECOVERED TO DATE	<u>0.00</u>
 TOTAL EPA UNRECOVERED COSTS FOR GREAT LAKES ASPHALT, IN	 \$ <u><u>1,363,145.69</u></u>

**Please Note:** National Contract Laboratory program costs may be significantly understated. These costs do not include any lab costs that may have been billed to EPA prior to FY 1986, if such costs were incurred, and no estimate of the CLP Sample Management Cost (ranges from 6.1 % to 17.0 % of Analytical costs) is provided. A complete accounting of Contract Laboratory Costs normally is provided by VIAR within the documentation process.

**RESOURCE APPLICATIONS, INC.**  
SIX N. MICHIGAN AVE., STE. 1420  
CHICAGO, ILLINOIS 60602

*Fold at line over top of envelope to the right  
of the return address*

**CERTIFIED**

P 564 616 004

**MAIL**

**RETURNED FOR POSTAGE**

P 564 616 004

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

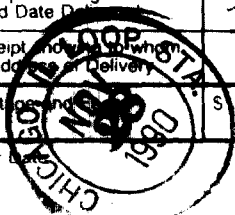
<sup>S</sup>  
F. E. MYERS, CO.  
75 EAST MARKET STREET  
AKRON, OH  
THOMAS M. PARKER

44300

U.S.G.

Postage	\$ 2.25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 4.00
Postmark or Date	

CLA-Mankowski  
PS Form 3800, June 1985



5HSM-TU8-7

**GLA**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)      2. ☐ Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p style="text-align: center;">F. E. MYERS, CO. 75 EAST MARKET STREET AKRON, OH 44308 THOMAS M. PARKER</p>	<p>4. Article Number</p> <p style="text-align: center; font-size: 1.2em;">P 564 616 004</p> <p>Type of Service:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature — Addressee</p> <p><b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent</p> <p><b>X</b></p>							
<p>7. Date of Delivery</p>							